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SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Michael Lee

Fill in above the full name of each plaintiff or petitioner.

Case No. 20 CV 8407

-against-

New York City, Cynthia Brana;  
Patsy Yang; Margaret Egan

Fill in above the full name of each defendant or respondent.

**DECLARATION**

Injunctive Relief in the form of  
Compassionate Release

Briefly explain above the purpose of the declaration, for example, "in Opposition to Defendant's Motion for Summary Judgment."

I, Michael Lee, declare under penalty of perjury that the following facts are true and correct:

In the space below, describe any facts that are relevant to the motion or that respond to a court order. You may also refer to and attach any relevant documents.

Plaintiff/me is a pre-trial detainee  
at Vernon C. Baine Center in Bronx, New York  
He is H.I.V Positive, has been treated for  
T.B. which P.R.O still shows positive and  
Test positive for Heb B. (See EXHIBIT

A, B, and C Herein) Plaintiff is the Highest at risk Group to become severely ill or die if He catches the COVID-19 Virus (see United States v. Correa Case No. 08-CR-1026 (VEL); and New York ex rel. Christopher Van Zele Esq. v. Cynthia Brann Index No. 400018/2020; and People ex rel. Williams v. Brann 67 Misc. 3d 1232(A) 128 N.Y.S 3d 432 (2020); Additionally Considering Plaintiff age of 42 Almost 43 years of age and Plaintiff's Dormitory and current conditions of confinements are beyond unconstitutional. Which is why NewsReporters, media etc. Are stating the City jail capacity are overcrowded, where Major outbreaks throughout city jails are bad of positive cases of COVID-19 virus. In Plaintiff facility (B) Dormitories have and had numerous outbreaks of COVID-19 virus. The risk of Plaintiff being ill severely or worse die are foreseeable. Plaintiff has his Dormitory at (40) people without "ANY Possible Relief" to have 6ft social distancing, So a Compassionate Release should be GRANTED

Attach additional pages and documents if necessary.

2-9-21

Executed on (date)

Michael Lee

Name

1 Halleck Street

Address

Bronx

City

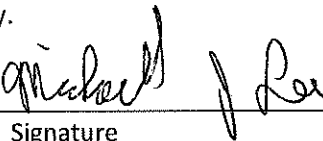
New York

State

10474

Zip Code

Telephone Number (if available)



Signature

3492041663

Prison Identification # (if incarcerated)

E-mail Address (if available)



# Correctional Health Services

**Patient Name:**  
MICHAEL LEE  
**NYSID:**  
00018682Q

**Latest Book and Case#:**  
3492001663  
**Patient Facility:**  
VCBC

## MED - Indirect Encounter Note

Reason: Rx renewal

## New Rx, New Orders, New Allergies, New Problems

### New Rx:

GENVOYA TABLET 150/150/200/10 (ELVITEG-COBIC-EMTRICIT-TENOFAF) 1 tab daily #60 x 0

Route: ORAL

Entered and Authorized by: Frantz Medard MD

Electronically signed by: Frantz Medard MD on 09/10/2020

Method used: Handwritten

Note to Pharmacy: Route: ORAL;

Indications: HIV DISEASE

RxID: 1915376297171150

Signed By: Medard, Frantz at 9/10/2020 4:58:53 PM

EXHIBIT A



# Correctional Health Services

**Patient Name:**  
MICHAEL LEE  
**NYSID:**  
00018682Q

**Latest Book and Case#:**  
3492001663  
**Patient Facility:**  
VCBC

## MED - Indirect Encounter Note

Reason: RX renewal

## New Rx, New Orders, New Allergies, New Problems

### New Rx:

GENVOYA TABLET 150/150/200/10 (ELVITEG-COBIC-EMTRICIT-TENOFAF) 1 tab daily #1 x 0

Route: ORAL

Entered and Authorized by: Yousef Mahadin MD

Electronically signed by: Yousef Mahadin MD on 12/23/2020

Method used: Handwritten

Note to Pharmacy: Route: ORAL;

Indications: HIV DISEASE

RxID: 1924367892667500

Signed By: Mahadin, Yousef at 12/23/2020 6:38:36 PM



# Correctional Health Services

**Patient Name:**

MICHAEL LEE

**NYSID:**

00018682Q

**Latest Book and Case#:**

3492001663

**Patient Facility:**

VCBC

Patient: MICHAEL LEE

ID: BIOR 102085581

Note: All result statuses are Final unless otherwise noted.

Tests: (1) HIV-1, RNA, Ultra/PCR, Viral Load (1010-8)

HIV 1 RNA &lt;20 ND copies/mL &lt;20

\*1

HIV-1 ULTRAQUANT, RNA INTERPRETATION

HIV-1 (copies/mL)

&lt;20 ND

&lt;20 D

20 - &gt;10,000,000

Interpretation

Not Detected

Detected\*

Detected

\*Low positive values for HIV-1, PCR may not be useful

for

diagnostic evaluation.

NOTE: Results for Roche Cobas 8800 HIV-1 assay reports with a range of

&lt;20-10 million copies/mL. This test should be used for prognostic

purposes only.

HIV 1 RNA

&lt;1.30 log-10

&lt;1.30

\*2

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 11/13/2020 11:55 AM

(1) Order result status: Final

Collection or observation date-time: 11/13/2020 11:41

Requested date-time: 11/11/2020 12:12

Receipt date-time: 11/11/2020 23:54

Reported date-time: 11/13/2020 11:38

Referring Physician:

Ordering Physician: WENDY MCGAHEE (mcgaheew)

Specimen Source:

Source: BIOR

Filler Order Number: 102085581

Lab site: BioReference Laboratories, Inc.

Producer ID \*1:NJ1

Producer ID \*2:NJ1

The following results were not dispersed to the flowsheet:

HIV 1 RNA, &lt;1.30 log-10, (F)

EXHIBIT 8



# Correctional Health Services

Patient Name:

MICHAEL LEE

NYSID:

00018682Q

Latest Book and Case#:

3492001663

Patient Facility:

MDC

414 - Chest PA, Upright (Single View)

NYSID: 00018682Q

Book and Case: 3492001663Pt Name: MICHAEL LEE

~~CLINICAL HISTORY: Positive PPD.

TECHNIQUE: PA chest.

FINDINGS: There is no radiographic evidence of tuberculosis. The cardiac size is normal. No infiltrate, \$ congestive heart failure, or pleural effusions are present.

IMPRESSION:

Normal PA chest radiograph. No evidence of active tuberculosis. No change since study of 01/28/2020.

~Electronically Signed by: Shapiro, Michael

~~Signed On: Jul 7 2020 6:47AM

Ordered By: ,

External Attachment:

Type: Image

Comment: Image Link

Signed By: Cantor, Lourdes at 7/7/2020 4:04:05 PM

**NYSID:** 00018682Q **BookCase:** 3492001663

**LEE, MICHAEL J**

330 WEST 51 STREET, 8, NY, NY 10019

**DOB:** 05/09/1978 **Age:** 42 Y **Sex:** male

**Primary Insurance:** Medicaid  
**PCP:**

**Home:**

**Account Number:** 212239

**Work:**

**Cell:**

**Email:**

**Advance Directive:**

**Allergies :** Buspar - tingling all over, Epzicom - throat swells up

**Medical History**

**Active Problem List**

Code	Name	Specify	Notes	Added On	Modified On	Modified By
R150	SMI - NO			04/11/2018	05/22/2018	Chapman, Timothy
F41.1	Generalized anxiety disorder			04/11/2018	05/26/2018	Anim, Rose
F12.10	Cannabis use disorder Mild			04/13/2018	05/22/2018	Chapman, Timothy
B20	Human immunodeficiency virus [HIV] disease				05/26/2018	Anim, Rose
795.5	Tuberculosis converter	chest xr 7/11/11 normal			12/15/2011	Sanjose, Jane
V70.0	ROUTINE MEDICAL EXAM				07/09/2011	Jaggon, Dianne (Inactive)
305.00	EtOH [Ethanol] abuse NOS				11/01/2011	Mack, Monique
V15.82	HISTORY OF TOBACCO USE				07/09/2011	Jaggon, Dianne (Inactive)
V02.61	HEPATITIS B CARRIER				05/26/2018	Anim, Rose
959.9	Trauma, traumatism				07/09/2011	Jaggon, Dianne (Inactive)
N19	Unspecified kidney failure				04/11/2018	Kay-Njemanze, Theodora
367.1	Myopia				11/25/2011	Peters, Owen
367.20	Astigmatism NOS				11/25/2011	Peters, Owen
R76.11	Nonspecific reaction to tuberculin skin test without active tuberculosis			04/11/2018	05/26/2018	Anim, Rose
B18.1	Chronic viral hepatitis B without delta-agent			04/11/2018	05/26/2018	Anim, Rose

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 UNITED STATES DISTRICT COURT  
 SOUTHERN DISTRICT OF NEW YORK

7031 FEB 18 AM 11:04

Michael Lee

Write the full name of each plaintiff or petitioner.

Case No. 20 cv 8407

-against-

New York City; Cynthia Brann;

## NOTICE OF MOTION

Patsy Yang; Margaret Egan

Write the full name of each defendant or respondent.

PLEASE TAKE NOTICE that

Plaintiff  
plaintiff or defendantMichael Lee  
name of party who is making the motion

requests that the Court: Release Plaintiff on his own Recognize  
(i.e. Compassionate Release) with a Court appearance date  
Injunctive Relief

Briefly describe what you want the court to do. You should also include the Federal Rule(s) of Civil Procedure or the statute under which you are making the motion, if you know.

In support of this motion, I submit the following documents (check all that apply):

- ☐ a memorandum of law  
☒ my own declaration, affirmation, or affidavit  
☒ the following additional documents: Lee v. Department of Corrections et al

20cv84072-9-21  
DatedMichael J. Lee  
SignatureMichael Lee  
Name3492001663  
Prison Identification # (if incarcerated)1 Halleck St.  
AddressBronx  
CityNew York  
State10474  
Zip Code

Telephone Number (if available)

E-mail Address (if available)



Michael Lee #3492001663  
N.C-8C  
Halleck Street  
Brooklyn, N.Y. 10474

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2021 FEB 18 AM 10:57

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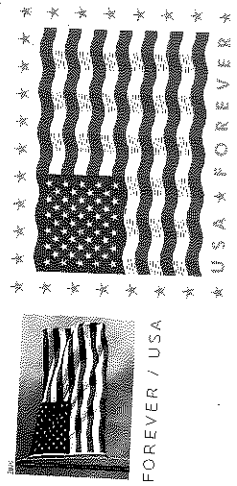
2021 FEB 17 AM 10:20

ATTN: Clerk of the Court  
United States District Court  
Southern District of New York

- Court house -  
500 Pearl Street

New York N.Y. 10007

100741330 0014



Handwritten initials: "JF" and "PDD b7d"